



Photo Credit: USAID

Keneya Sinsi Wale:

HEALTH SYSTEM STRENGTHENING, GOVERNANCE AND FINANCE

Despite recent gains, maternal and infant mortality rates in Mali remain amongst the highest in the world. With insecurity across the country increasing, governance systems in the health sector are weak and Mali's health workforce is under a great deal of stress. The health worker (doctors, nurses, and midwives) to population ratio is only 5 per 10,000 inhabitants, well below the World Health Organization's goal of 45. Other barriers to care include a lack of sustainable health financing at all levels, and a largely rural population that is hard to reach with primary health care services.

PROJECT APPROACH

Keneya Sinsi Wale increases access to quality services by supporting the Government of Mali to improve transparency, accountability, and decision-making in the management of health services, particularly at district and regional levels.

The project supports implementation of the national quality assurance strategy and the Government of Mali's minimum package of primary health care services. This package includes:

- diagnosis and referral of maternal, newborn and child complications,
- appropriate pregnancy spacing and planning,
- antenatal care,
- skilled attendance of delivery, and
- complete postnatal care for both mother and baby.

Along with its sister project, Keneya Nieta that focuses on support for household and community care, USAID Keneya Sinsi Wale promotes inclusion of marginalized groups such as those living in extreme poverty, youth, people with disabilities, and women.

KEY INTERVENTIONS:

- Promote availability and distribution of qualified, motivated human resources.
- Improve planning, ordering and distribution of essential drugs and commodities.
- Develop and implement sustainable local health financing strategies.
- Improve timeliness, completeness, and accuracy of health data.

BUDGET TO DATE: \$45 million

PROJECT CYCLE: 2020-2025

TARGET AREAS: 372 municipalities in 26 health districts throughout Mopti, Ségou, Sikasso

IMPLEMENTING PARTNER: Palladium

SELECTED EXPECTED RESULTS:

- Health professionals trained and supported/coached (average of 4 per community health center).
- Women receiving uterotonics in the third stage of labor.
- Newborns not breathing at birth resuscitated.
- Newborns receiving postnatal care within two days of childbirth.
- Cases of childhood diarrhea treated.
- Cases of childhood pneumonia treated.
- Coverage rate gap between first and fourth antenatal care visits for pregnant women reduced.
- Coverage rate gap between first and third Pentavalent vaccine dose (against diphtheria, pertussis, tetanus, hepatitis B and influenza) for children reduced.